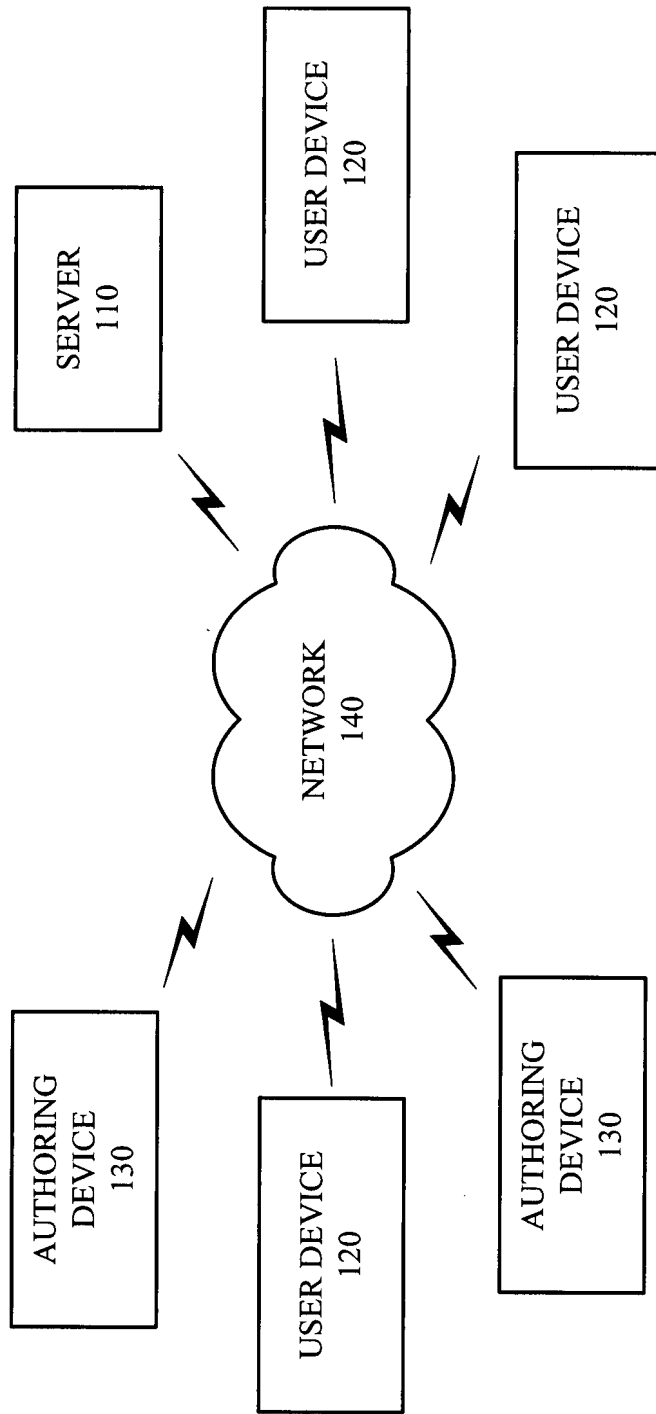
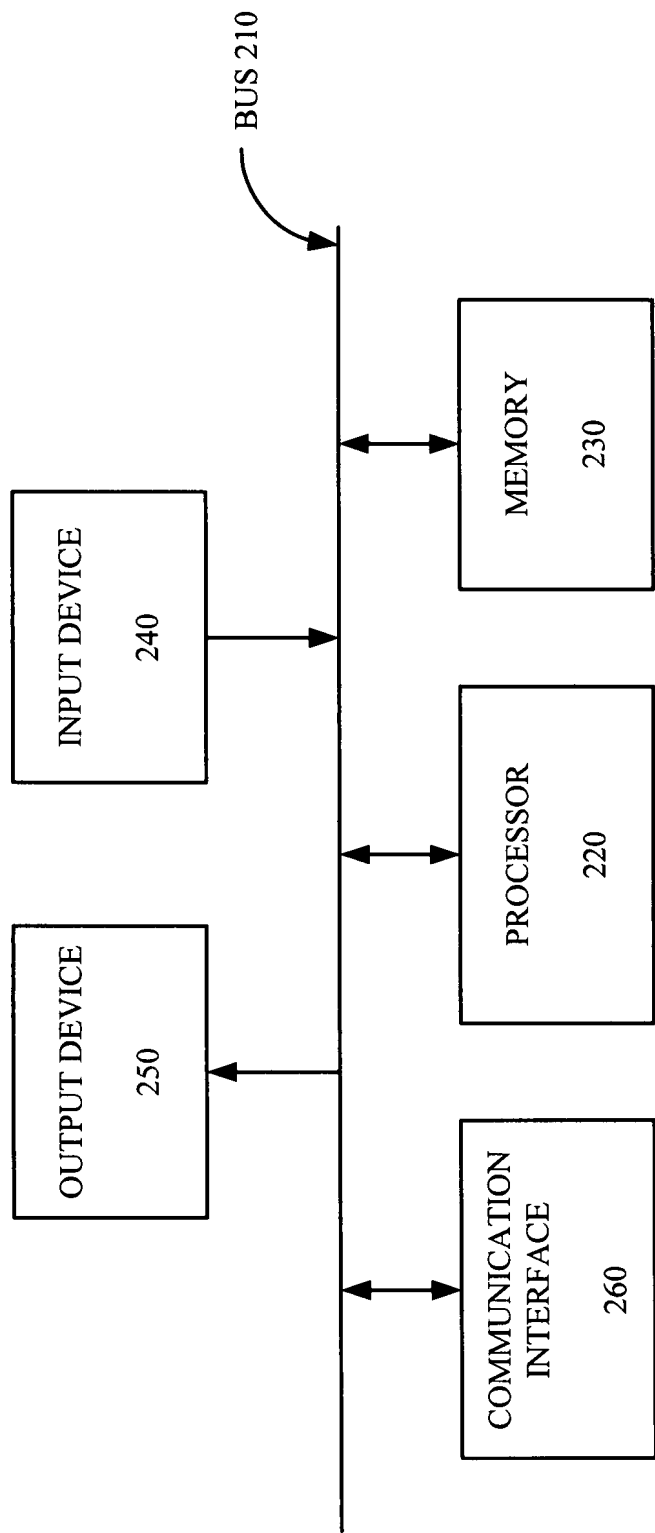


100



**FIG. 1**



**FIG. 2**

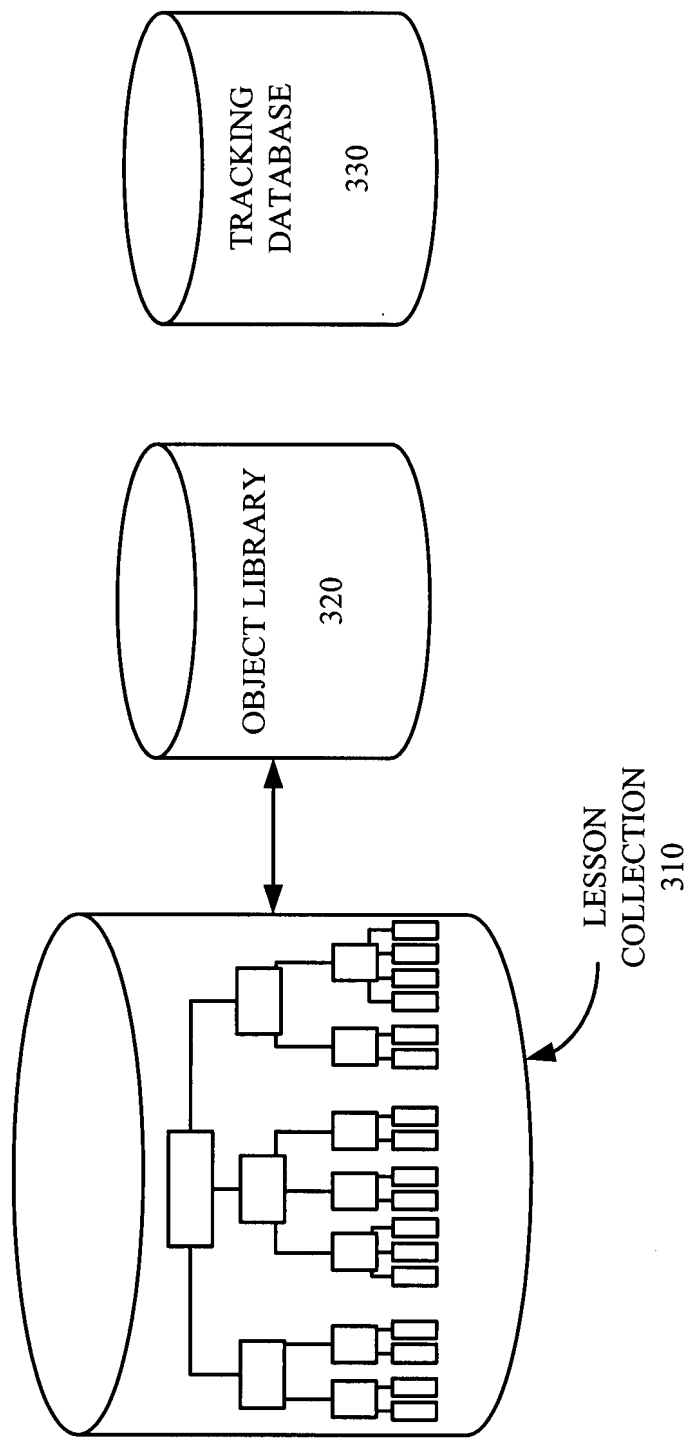


FIG. 3

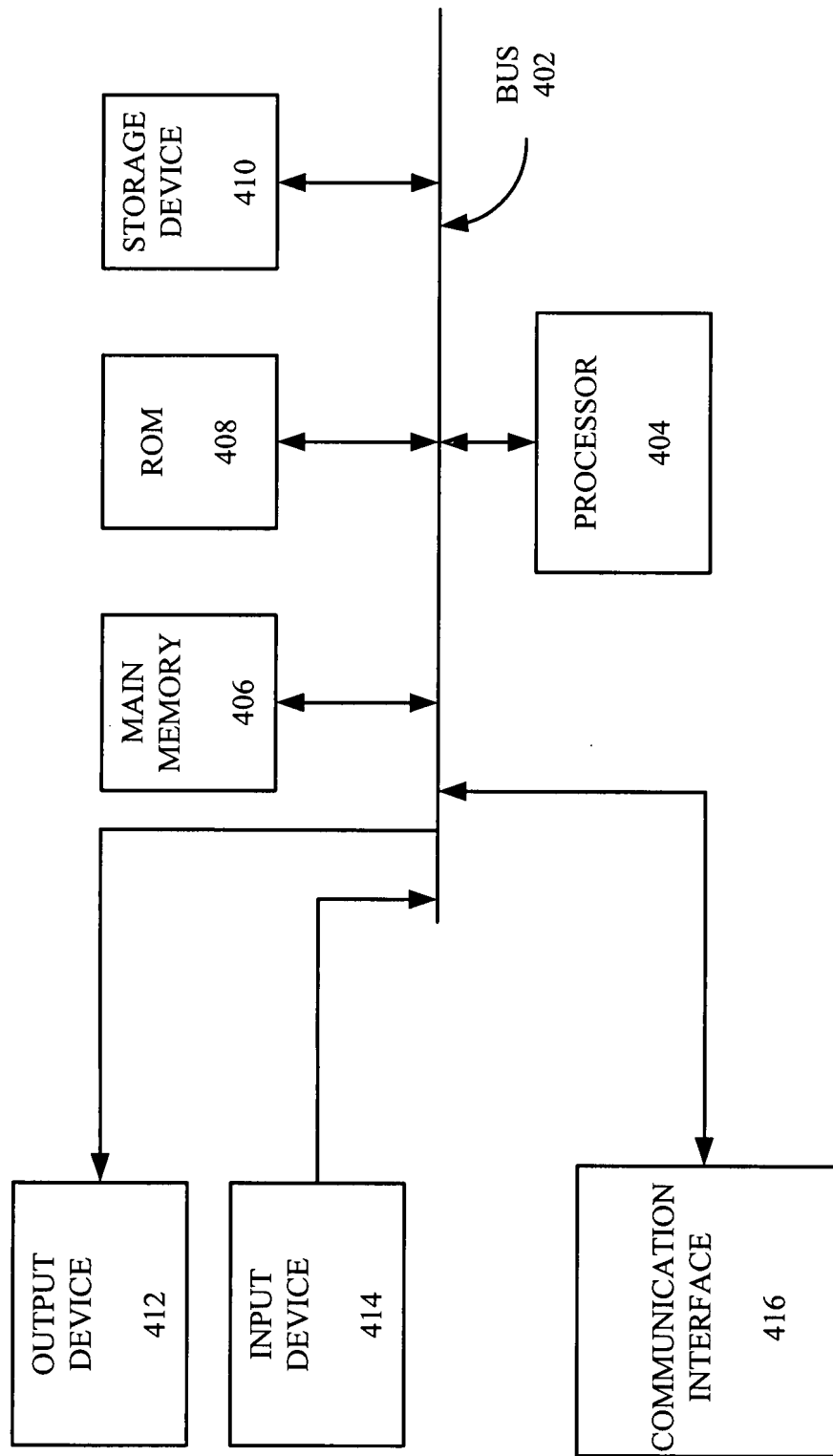


FIG. 4

00000000 240400

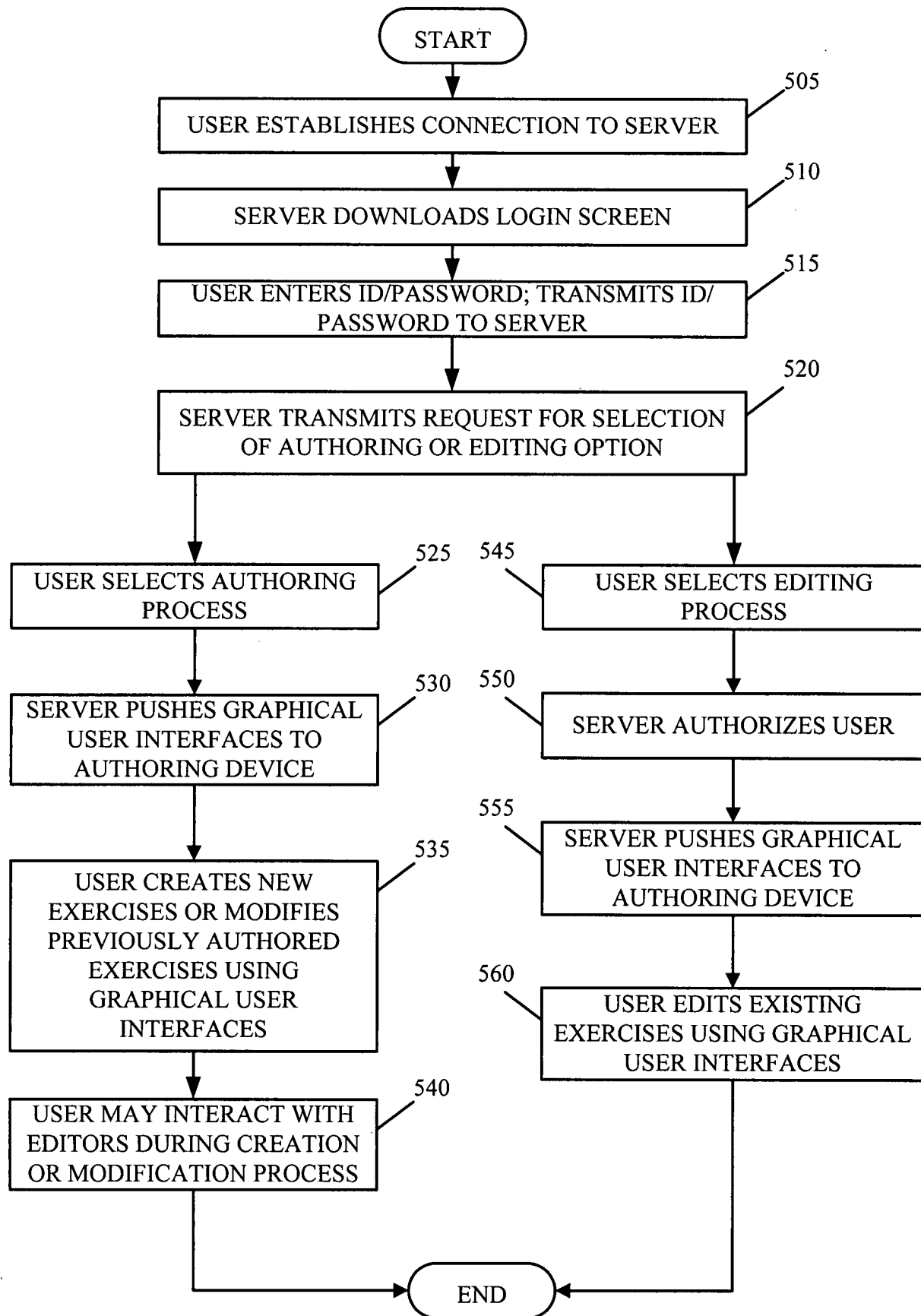


FIG. 5

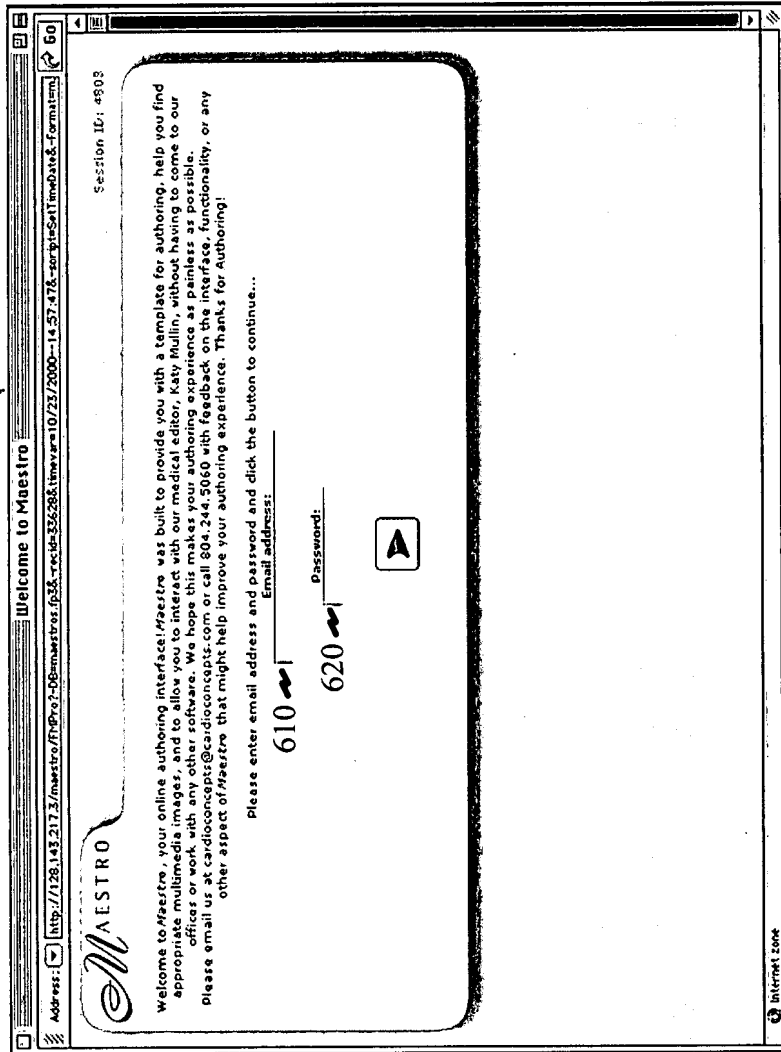


FIG. 6

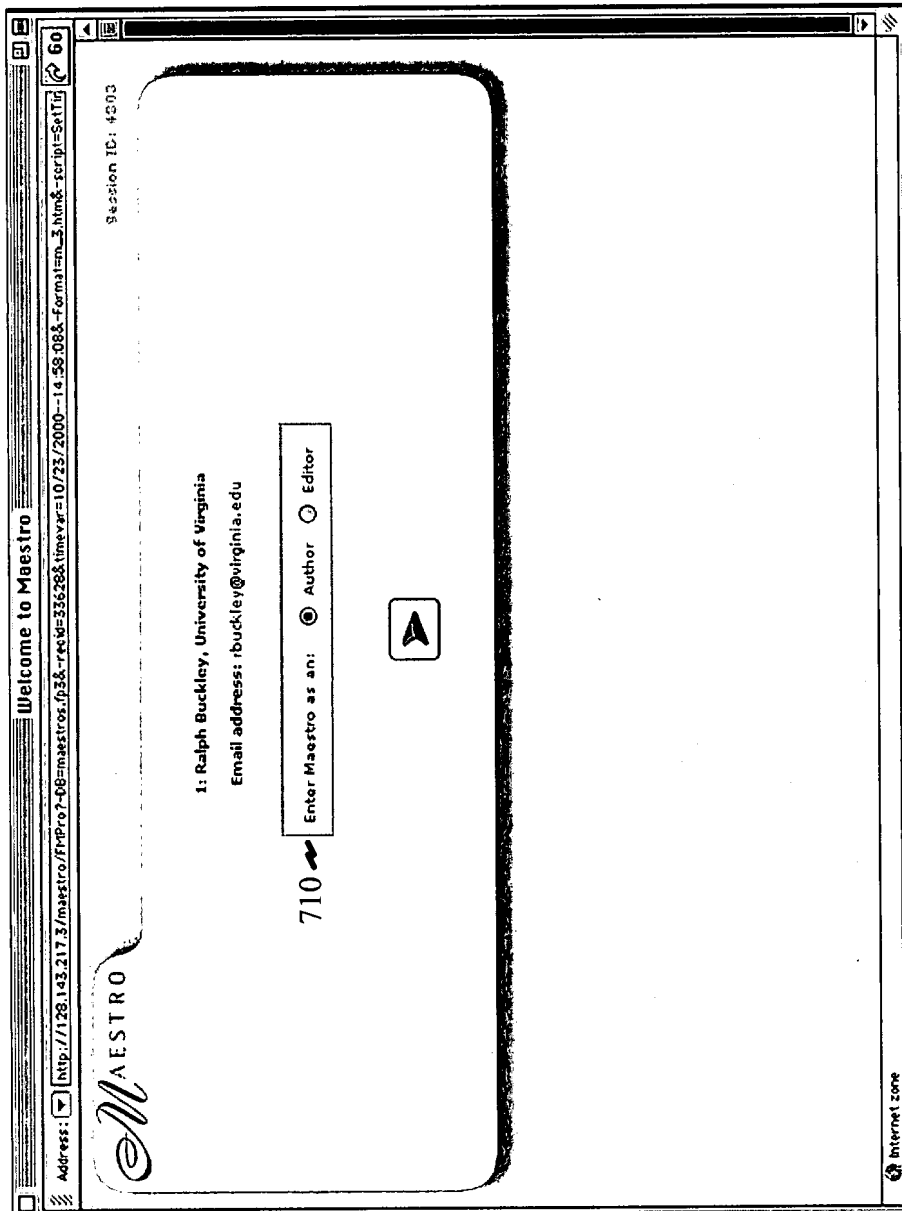


FIG. 7

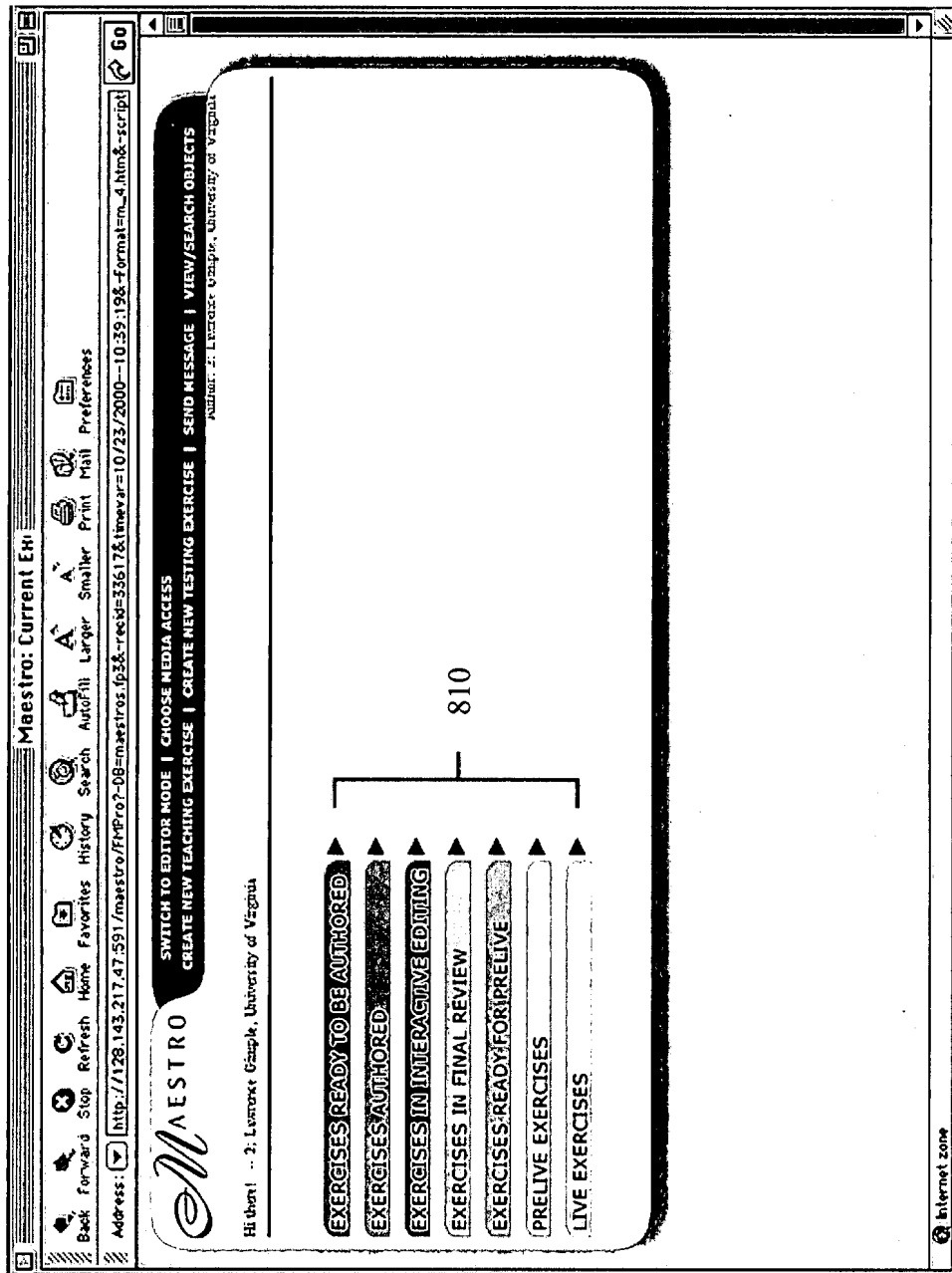


FIG. 8



MAESTRO

Exercise Name Goes Here

University of Colorado Health Sciences Center

Created: 10/23/2000 14:40:05

Author: R. J. Buckley

Total questions: 0

Status: Authorized

College: Devotion Authors

Devotion Authors

Editors

Session ID: 4790

MLU

EXERCISE ISN'T ALLOCATED IN A PARTICULAR PAVILION OR SEMINAR Suggested Allocation Above

DELETE TO A...

BROWSE

CANCEL

ACCEPT

905 910 915

NO QUESTIONS OR STATEMENTS CURRENTLY EXIST

Comment: 

920

Exercise name: 

Exercise None Goes Here ...

Exercise text: 

925

Access levels: 

930

☒ 0: Cardiologist

☐ 1: Primary Care Provider

☐ 2: Medical Student

☐ 3: Medical Housestaff

☐ 4: Patient

☐ Sign as Com

Beginning of Publish as Com (if applicable):

End of Publish as Com (if applicable):

FIG. 9

1000

**MAESTRO**

Cath Conference - Friday, October 27, 2000 Status: Authorized  
University: CARDIOCONCEPTS UNIVERSE College: Generic College Paullang Conference  
Created: 10/20/2000 13:43:09 Author: Eric Powers 10/24/2000 9:47:51 Editor:  
Total questions: 17 Access level: 0820 Authorized record

Comment: \_\_\_\_\_

Text of Question: \_\_\_\_\_

1010  Disclaimers: \_\_\_\_\_

1015  Objectnum: 1600 Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00

Object Description: \_\_\_\_\_

Tricorder: \_\_\_\_\_

1005

Placeholder Text Goes Here ... 1020

1025

Rank: 1 1055

☐ Correct if signed

Objectnum: \_\_\_\_\_

Object description: \_\_\_\_\_

Answer Choice: \_\_\_\_\_

Answer Response: \_\_\_\_\_

1060

1065

1070

1075

Rank: 2

☐ Correct if signed

Objectnum: \_\_\_\_\_

Object description: \_\_\_\_\_

Answer Choice: \_\_\_\_\_

Answer Response: \_\_\_\_\_

1050

FIG. 10

1100

Back

Forward

Stop

Refresh

Home

Favorites

History

Search

Autofill

Larger

Smaller

Print

Mail

Preferences

Maestro: Objectise

Maestro

SEARCH

VIEW

Object number: 1105 Ready: 1110

Object type: Text

Date Requested: 10/23/2008

Copyright: 1115

SUBMIT

1115

View All Object

No correct selection set

FIG. 11

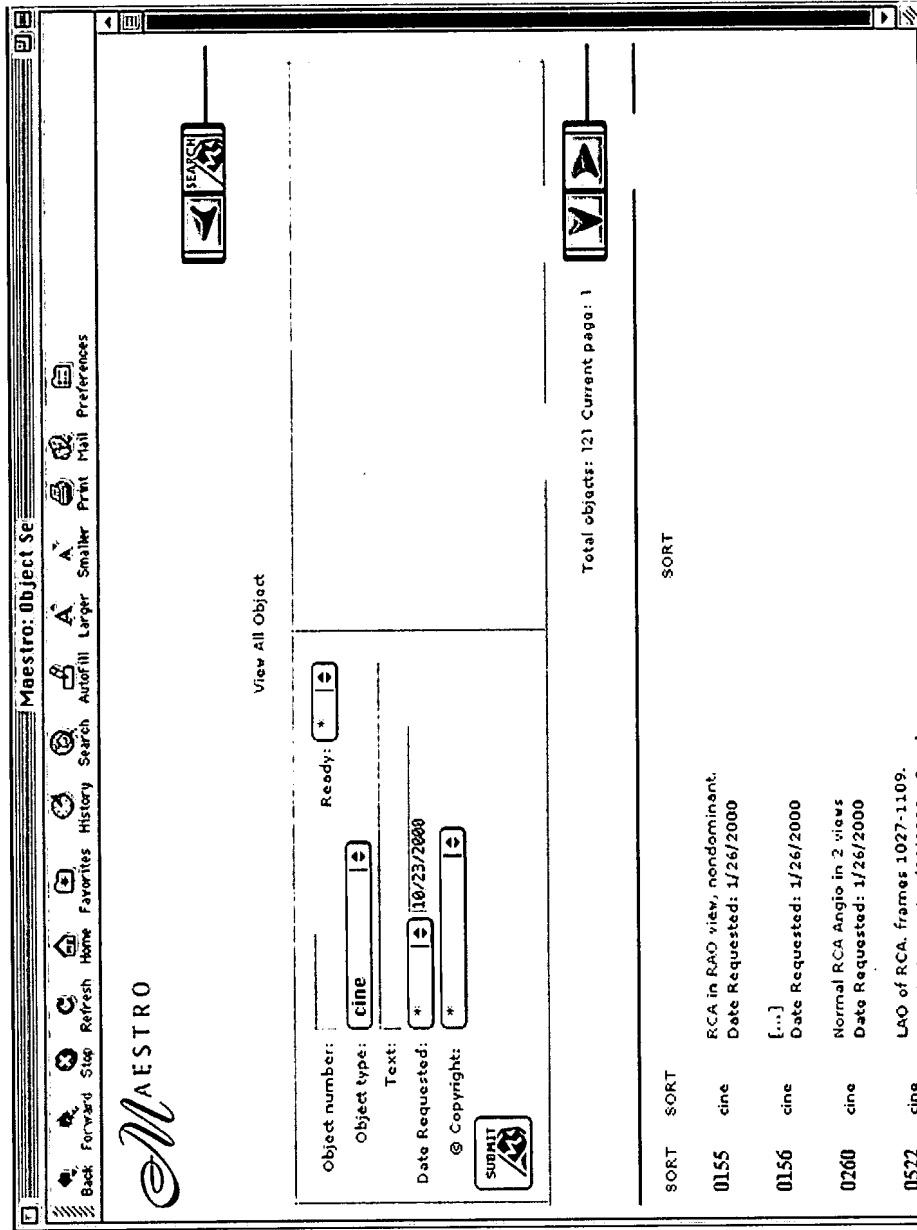


FIG. 12

1300

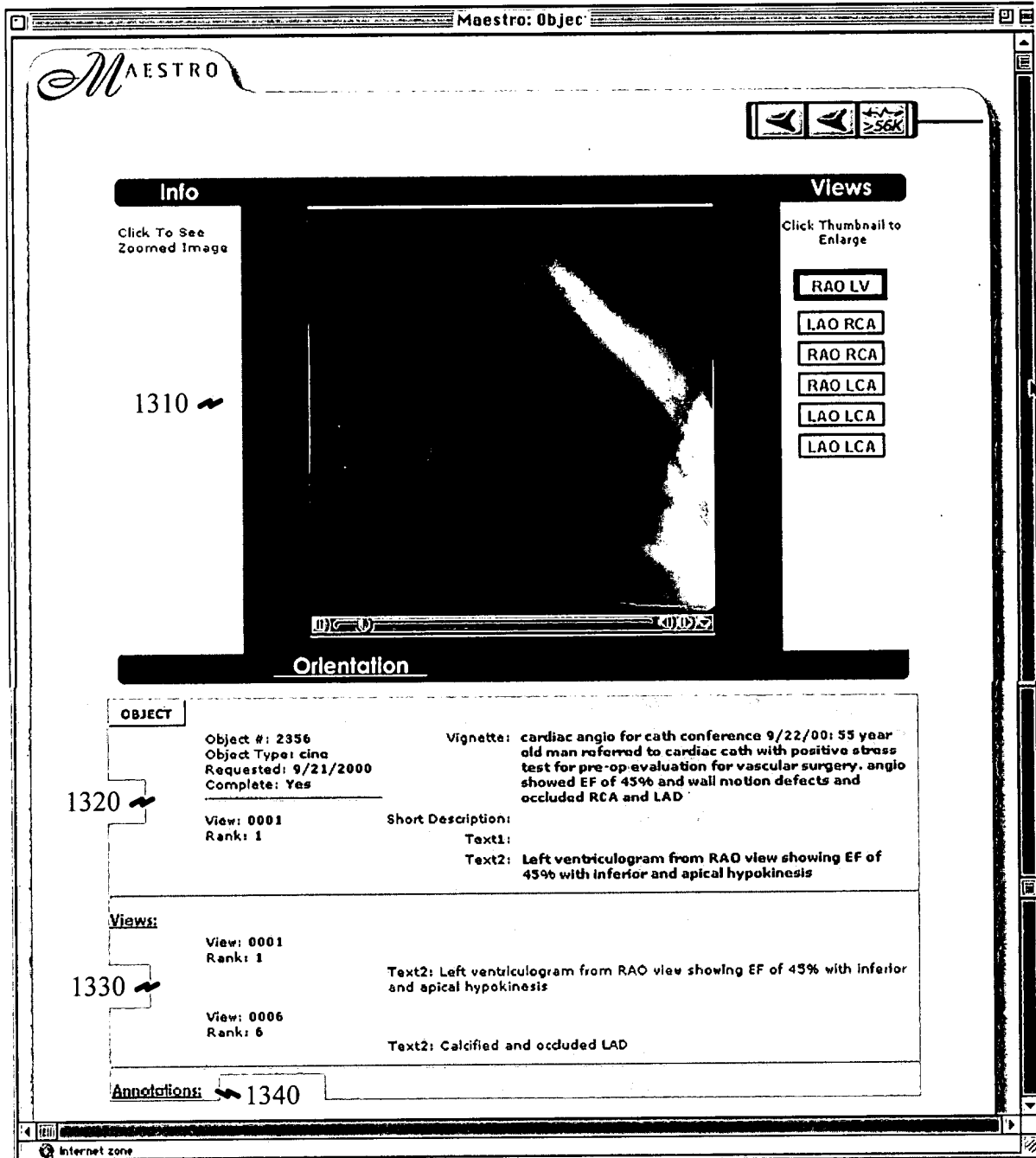


FIG. 13

**Maestro Disclaimer Selection**

Click on the ☒ to select disclaimer:

1 <input checked="" type="checkbox"/>	<p>Generic Drug: <b>Tirofiban</b>  Brand Name: <b>AGGRASTAT</b>  Class Name:  Discrete Name:  Type of Disclaimer: <b>Drug Specific</b></p>	<p>Tirofiban, in combination with heparin, is indicated for the treatment of acute coronary syndromes, including patients who are to be managed medically and those undergoing PTCA or atherectomy.</p>
2 <input checked="" type="checkbox"/>	<p>Generic Drug: <b>simvastatin</b>  Brand Name: <b>ZOCOR</b>  Class Name:  Discrete Name:  Type of Disclaimer: <b>Drug Specific</b></p>	<p>Therapy with lipid-altering agents should be considered in those individuals at increased risk for atherosclerosis-related clinical events as a function of cholesterol level, the presence of CHD, or other risk factors. Lipid-altering agents should be used in addition to a diet restricted in saturated fat and cholesterol when the response to diet and other nonpharmacological measures alone has been inadequate.</p>
3 <input checked="" type="checkbox"/>	<p>Generic Drug:  Brand Name:  Class Name: <b>Beta Blockers</b>  Discrete Name: <b>Myocardial Infarction</b>  Type of Disclaimer: <b>Discrete Specific</b></p>	<p>Only metoprolol and atenolol are FDA approved for "early use" in MI. Propranolol and timolol are FDA approved after patient survives the acute phase of MI. The authors do not recommend the use of other beta adrenergic blockers for this indication.</p>
4 <input checked="" type="checkbox"/>	<p>Generic Drug:  Type of Disclaimer: <b>Using orally</b></p>	<p>Lisinopril is FDA approved for stable patients within 24 hours of acute MI; captopril for stable patients with LV dysfunction after MI; ramipril for CHF in stable patients within the first days after MI. The authors do not recommend the use of other angiotensin</p>

Internet Zone

FIG. 14

1500

MAESTRO

Address: <http://128.143.217.3/maestro/fmpro?db=Maestro5.fp3&recID=33631&trackerhl=1-2843-2844-7914-0-104503-0-0-0-0001-0&timevar=>

Session ID: 1500

CONFERENCE - Friday, October 27, 2000

STATUS: Authorized

UNIVERSITY OF CALIFORNIA, BERKELEY

CONFERENCE: PERIPHERY CONFERENCE

DATE: 10/20/2000

TIME: 10:00:00

LOCATION: 10/24/2000

TIME: 10:00:00

EDITOR: Eric Powers

EDITOR: Eric Powers

TOTAL QUESTIONS: 16

ACCREDITED: 0

128

AUTHORIZED/RECORD

1510

BROWSE

Disclaimer:

BROWSE

Objectum:

1515

Object Description:

1505

Text of Question:

1520

Tricorder:

Thanks to the coordinators of this week's case!

Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00

CANCEL

DELETE

ACCEPT

FIG. 15

1600

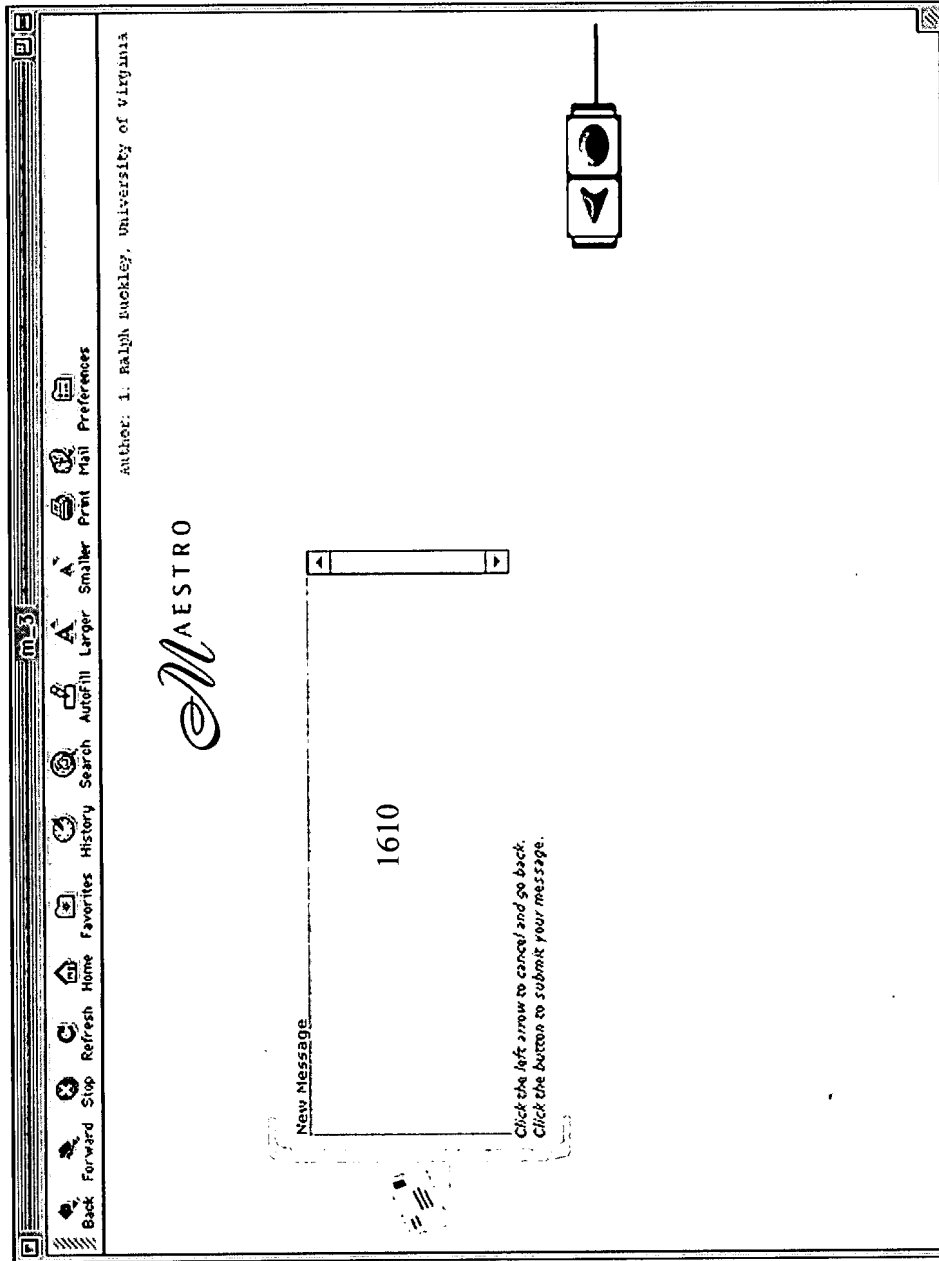


FIG. 16



**QUESTIONS/STATEMENTS**

Address: [v] http://1128.143.217.3/maestro/mpipr?db=Maestro&fp3&treeID=33676&timevar=10/23/2000-13:06:36&CUNum=2&CCNum=4&CPNum=7&C  
Session ID: 4801

---

**M A E S T R O**

CLONE 4+3 TEE for Cardioversion of Patients with AF in Fibrillation Status Interacting Editing  
UNIVERSITY OF CALIFORNIA SAN DIEGO CA 92161-1000  
Cardiac Electrophysiology Division  
San Diego, California 92161-1000  
Tel: 619/594-1000 ext 2100 Fax: 619/594-1000 ext 2100  
E-mail: maestro@ucsd.edu

Select Question or Statement below, choose a command

**Statement Rank 1 Level 5 Final Medical Approval Object 1024 single**

Management of Cardioversion in Patients with AF

Author used record

This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results will also be available after the ACC meeting in March 2000. Look for an update to this lesson next month. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

Editor's changes

This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

**Statement Rank 2 Level 3 Ready for Medical Approval Object 1030 literature**

Accp guidelines for management

Atrial fibrillation affects over 2 million Americans, with the incidence of AF increasing with age. The appropriate management of patients with AF is still being studied in multi-center trials. Elective cardioversion from AF to sinus rhythm is a common procedure which carries with it risk of thromboembolic events. Most of these thromboembolic events occur because of left atrial appendage thrombi. Recommendations of the Fifth ACCP Consensus Conference on Antithrombotic Therapy are listed above. Please review them to learn the standard of care for cardioversion of patients with AF.

**FIG. 17**

**FIG. 18**

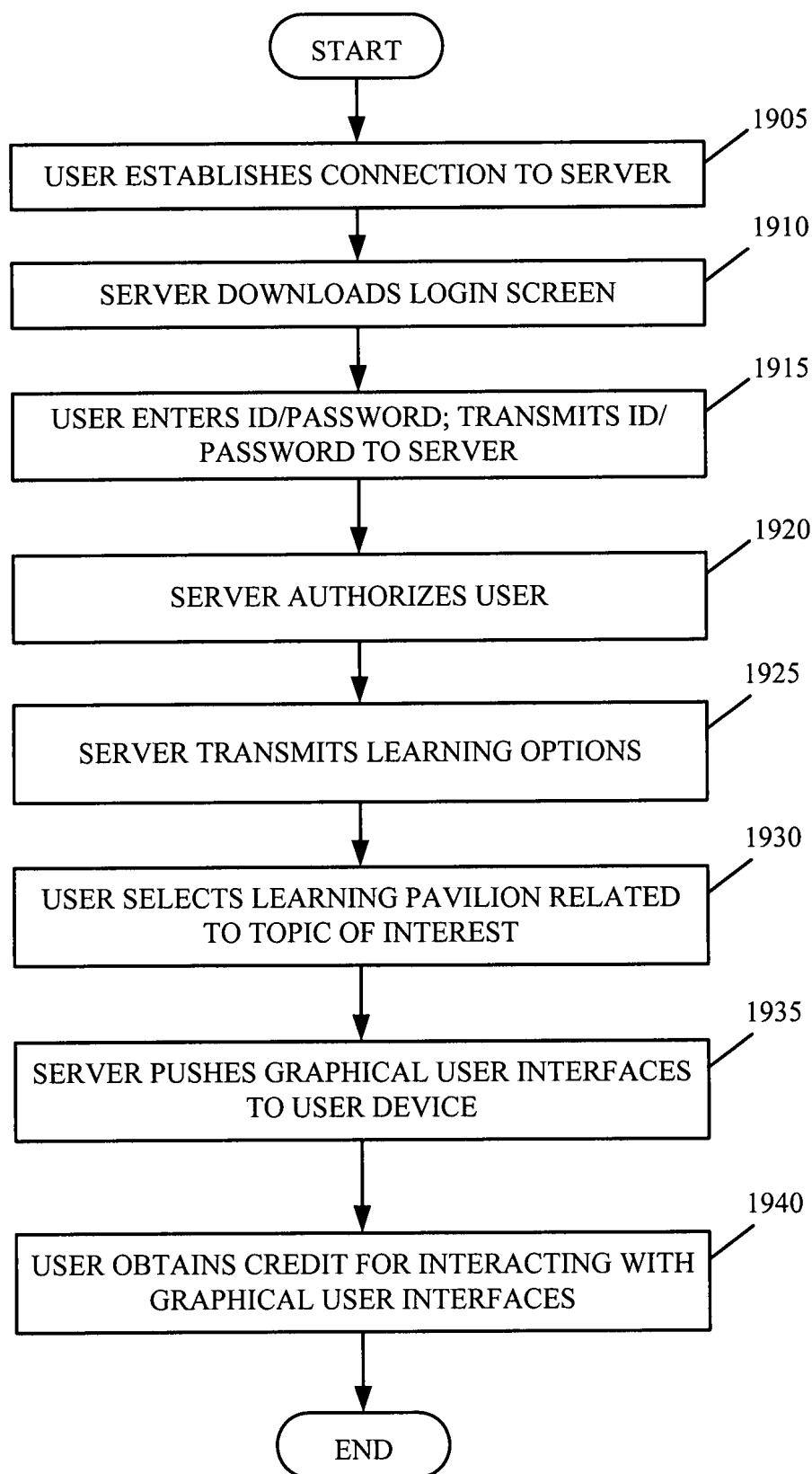
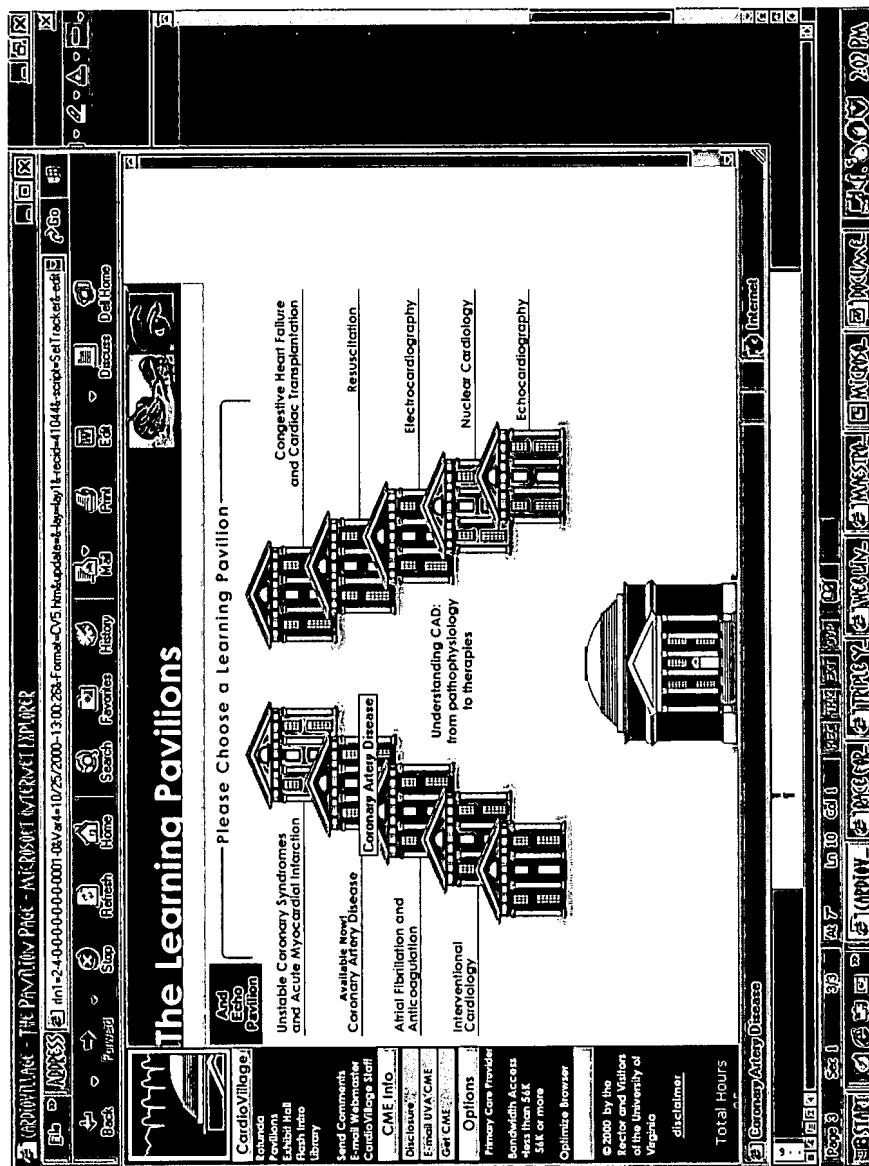
[illegible]

FIG. 19

09081300

2000

**FIG. 20**

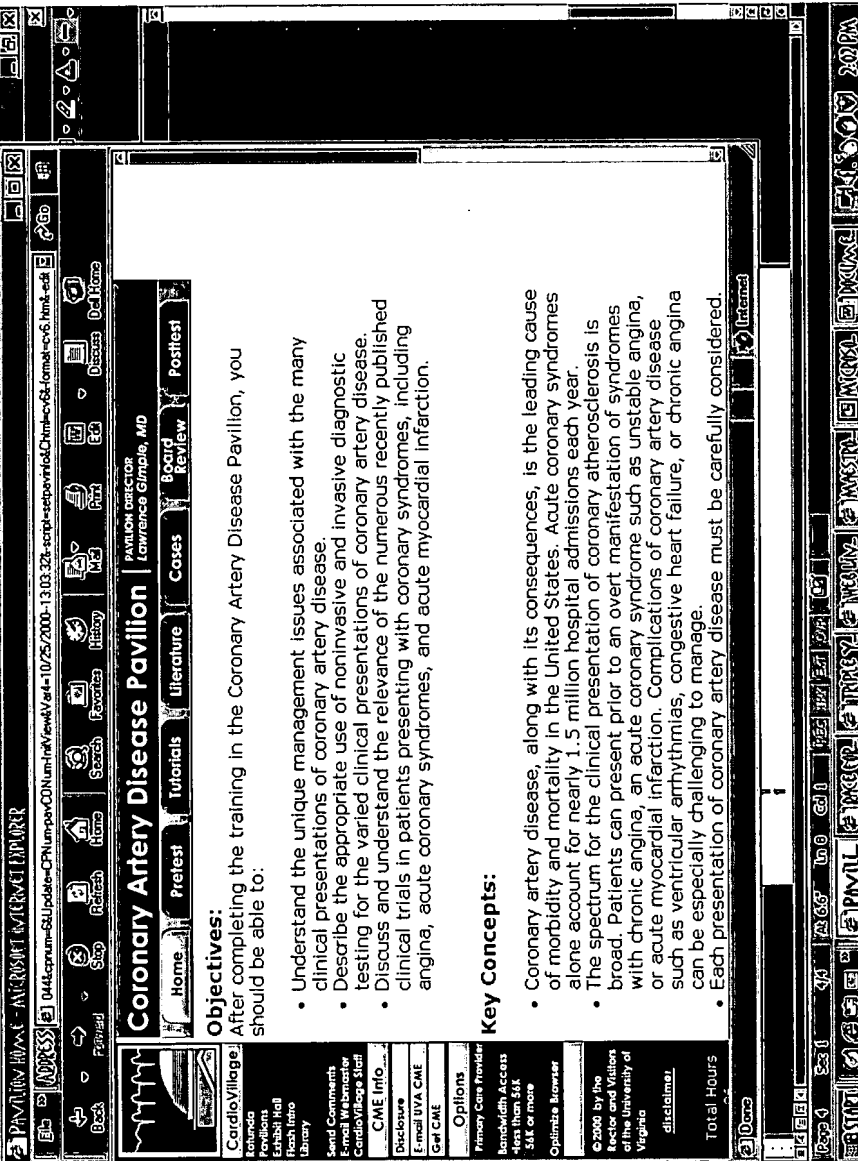


FIG. 21





**FIG. 23**







**FIG. 24B**

START

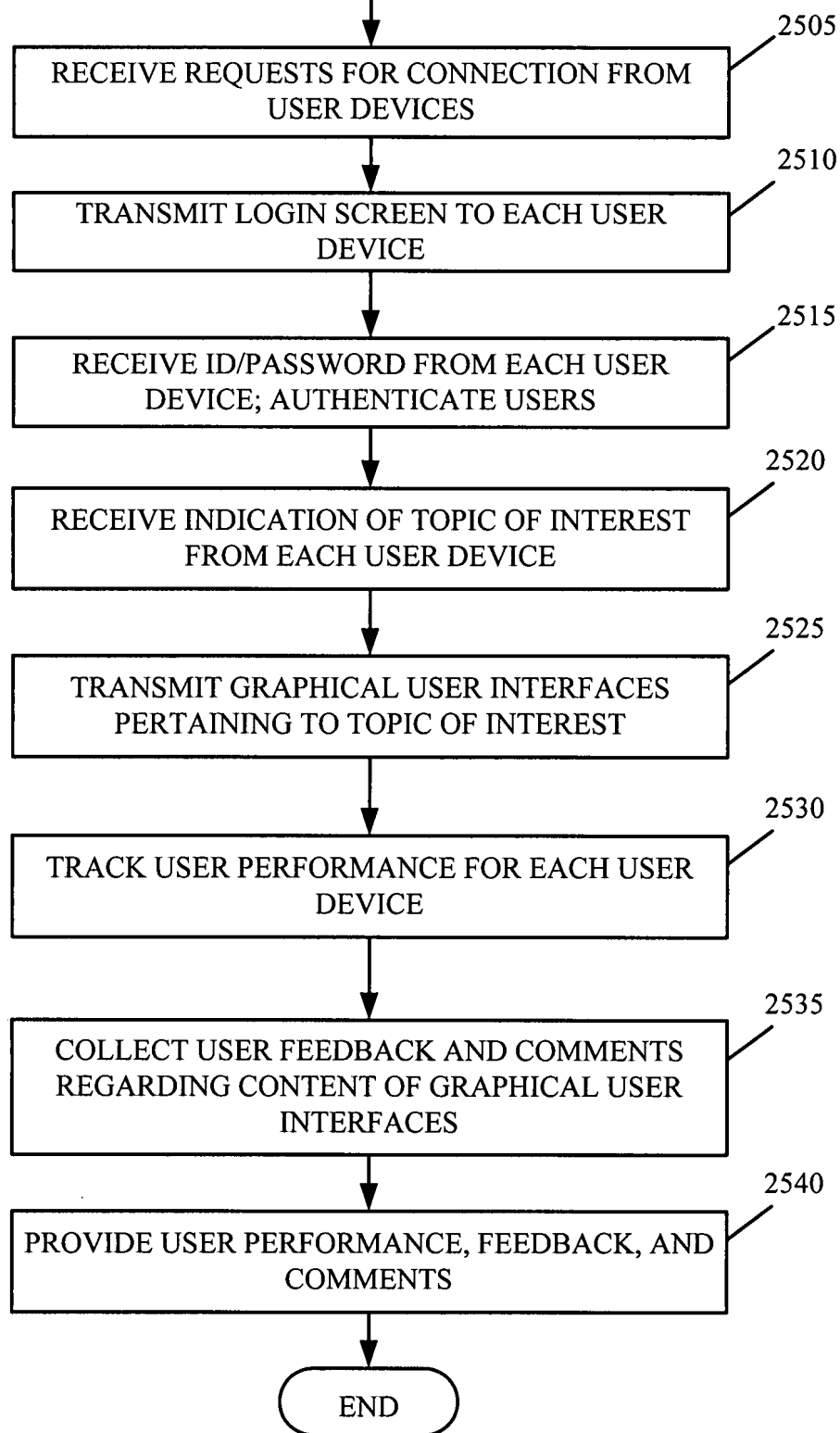


FIG. 25